

MISSOURI STATE LIBRARY
CONSOLIDATED LIBRARY BOARD OF TRUSTEES MEMBERSHIP

Date: _____

Please attach additional sheets for boards with more than eight members.

NAME OF LIBRARY			
ADDRESS (PLEASE INCLUDE POST OFFICE BOX)			COUNTY
NAME	ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP CODE)	PHONE	YEAR TERM EXPIRES
1. PRESIDENT			
2. VICE PRESIDENT			
3. SECRETARY			
4. TREASURER			
5. MEMBER			
6. MEMBER			
7. MEMBER			
8. MEMBER			
MEMBERS WHO WERE REPLACED BY NEW MEMBERS:			
1.			
2.			
3.			
<p>This is to certify that the above mentioned members of the Board of Trustees of this library have been appointed and hold their office in accordance with the laws of Missouri; that no member has received or is receiving compensation as such; that no person is employed by the Board of Trustees or by the librarian who is related within the third degree by blood or by marriage to any trustee of the Board.</p>			
SIGNATURE OF LIBRARIAN			DATE
SIGNATURE OF PRESIDENT, BOARD OF TRUSTEES		PHONE	DATE
<p>Please inform the State Library of changes in board members and in officers as they occur. This information should include name, address, expiration date of term of office, and whom the member replaces.</p>			